SUBMISSION ID:
 1089965
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028\*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 401

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:RenergyDISTRICT:CDOANALYST:Jeffrey williamsonNO DISCHARGE INDICATOR:AL

PARAMETER	РН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 mi	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disc	
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2021-09-01							
2021-09-02							
2021-09-03				8			
2021-09-04							
2021-09-05							
2021-09-06							
2021-09-07							
2021-09-08		<u> </u>					
2021-09-09							
2021-09-10		<u> </u>	<b></b>				
2021-09-11		-					
2021-09-12		<b>-</b>	ļ				
2021-09-13						<b></b>	
2021-09-14		<b></b>	<b></b>	<b></b>		<b> </b>	
2021-09-15 2021-09-16						<b></b>	
2021-09-16		<b></b>	<b>-</b>	<b></b>		<b></b>	
2021-09-17		<del> </del>	<b></b>	<u> </u>		<del> </del>	
2021-09-19		<del> </del>		8 8		<b> </b>	
2021-09-20		<b>1</b>				<b></b>	
2021-09-21		<b>†</b>					
2021-09-22		1				<b>i</b>	
2021-09-23						<b>i</b>	
2021-09-24		<u> </u>		<b></b>		<b>i</b>	
2021-09-25				<b>8</b>		Ī	
2021-09-26				8			
2021-09-27							
2021-09-28							
2021-09-29							
2021-09-30		-					
Minimum							
Maximum							
Average		8					
Count	000000000000000000000000000000000000000	8		80000000000000000000000000000000000000			
Name of Resp Official or Aut Representa	horized <sub>have</sub> stive <sub>famili</sub>	ify under the per personally exam ar with the infor itted herein and	ined and am rmation	; [ Signature of Author	of Responsible rized Represent	Official or ative	Submission Date/Time
Jeffre William	inquir imme the in subm subm and c are si false	ry of those individiately responsiformation, I belitted information omplete. I am averagnificant penaltinformation, incoality of fine and	iduals ble for obtainin leve the i is true, accura vare that there es for submittin luding the	te			Certification Version Date 2021-10- 15 10:10

Page 1

 SUBMISSION ID:
 1089965
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028\*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 401

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:RenergyDISTRICT:CDOANALYST:Jeffrey williamson

NO DISCHARGE INDICATOR: AL

				DISCHARGE II		AL	
PARAMETER	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch.						
SAMPLING TYPE	24hr Total Estimate						
2021-09-01							
2021-09-02							
2021-09-03		•					
2021-09-04		1					
2021-09-05							
2021-09-06							
2021-09-07							
2021-09-08							
2021-09-09							
2021-09-10							
2021-09-11		<u> </u>					
2021-09-12		-				<b></b>	
2021-09-13		<b></b>	ļ			<b></b>	
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2021-09-17 2021-09-18		<b>-</b>					
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2021-09-24		<u>†                                      </u>					
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Count							
Name of Resp Official or Aut Representa	horized <sub>have p</sub> ative familia	fy under the per personally exam: ar with the infor tted herein and	mation	Signature o Author	f Responsible ( ized Represent	Official or ative	Submission Date/Time
Jeffre William	inquir immed the inf submi submi and co are sig false i	y of those individiately responsil formation, I belitted information omplete. I am aw	duals  ple for obtaining  eve the  is true, accurate  are that there  es for submitting  uding the	,			Certification Version Date 2021-10- 15 10:10

Page 2

 SUBMISSION ID:
 1089965
 STATUS:
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 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028\*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:RenergyDISTRICT:CDOANALYST:Jeffrey williamson

NO DISCHARGE INDICATOR: AL

			N	O DISCHARGE II	NDICATOR:	AL	
PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	ma/l	mg/l	mg/l	mg/l	#/100 m	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disc	
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-09-01							
2021-09-02		1					
2021-09-03		0000					
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2021-09-16							
2021-09-17		8					
2021-09-18		8				<b>1</b>	
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2021-09-20		0				1	
2021-09-21						l	
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2021-09-23							
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2021-09-26							
2021-09-27							
2021-09-28							***************************************
2021-09-29							
2021-09-30							
Minimum							
Maximum							
Average							
Count	000000000000000000000000000000000000000		0.0000000000000000000000000000000000000		000000000000000000000000000000000000000		000000000000000000000000000000000000000
Name of Resp	horized <sub>have</sub> ative <sub>famili</sub>	ify under the pe personally exam ar with the info itted herein and	ined and am rmation	;   Signature o Author	f Responsible ized Represent		Submission Date/Time
Jeffre William	inquin imme the in submi and c are si false	y of those indivible diately responsiformation, I belitted information omplete. I am averagnificant penaltinformation, inc	iduals ble for obtainin ieve the n is true, accura vare that there ies for submittin	te ng			Certification Version Date 2021-10- 15 10:10

Page 3

 SUBMISSION ID:
 1089965
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 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028\*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:RenergyDISTRICT:CDOANALYST:Jeffrey williamson

NO DISCHARGE INDICATOR: AL

PARAMETER	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch.						
SAMPLING TYPE	24hr Total Estimate						
2021-09-01							
2021-09-02							
2021-09-03		<b>†</b>					
2021-09-04		<del></del>					
2021-09-05	***************************************	<b>*</b>	l	***************************************			
2021-09-06	***************************************						***************************************
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2021-09-14							
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2021-09-16		<u> </u>					
2021-09-17		<b></b>					
2021-09-18		<b></b>					
2021-09-19		<b>!</b>	ļ				
2021-09-20		<b></b>		***************************************			
2021-09-21		<b>!</b>					
2021-09-22		<b></b>					
2021-09-23		<b></b>					
2021-09-24 2021-09-25		<b>.</b>					
2021-09-26							
2021-09-27							
2021-09-28		<b></b>					
2021-09-29							
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Minimum							
Maximum				***************************************			
***************************************	***************************************				***************************************		
Average Count							
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Official or Aut Representa	horized <sub>have p</sub> ntive familia	ry under the per personally exam: ar with the infor tted herein and	mation	Author	ized Represent	ative	Submission Date/Time
Jeffre William	inquir immed the inf submit and co are sig false in	y of those indivi liately responsil formation, I beli tted information mplete. I am aw	duals  ple for obtaining  eve the  is true, accurate  are that there  es for submitting  uding the	ż			Certification Version Date 2021-10- 15 10:10

Page 4

 SUBMISSION ID:
 1089965
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 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028\*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BookesideDISTRICT:CDOANALYST:Jeffrey williamson

NO DISCHARGE INDICATOR:

PARAMETER CODE UNITS FREQUENCY SAMPLING TYPE 2021-09-01 2021-09-02 2021-09-03	00400 S.U. When Disch. Grab	(NH3) 00610 mg/l When Disch.	Nitrate, Total 00630 mg/l	Inorganic, Total 00640	Total (P)		Wastewater, Spray
CODE UNITS FREQUENCY SAMPLING TYPE 2021-09-01 2021-09-02	S.U. When Disch.	mg/l		00640			
FREQUENCY   SAMPLING   TYPE   2021-09-01   2021-09-02	When Disch.	55000000000000000000000000000000000000	mg/l	<b>-</b>	00665	31648	50045
SAMPLING TYPE 2021-09-01 2021-09-02		When Disch.		mg/l	mg/l	#/100 ml	inches/day
TYPE 2021-09-01 2021-09-02	Grab		When Disch.	When Disch.	When Disch.	When Disc	h. When Disch.
2021-09-01 2021-09-02		Grab	Grab	Grab	Grab	Grab	Grab
2021-09-02							
/11/141Ma(14 8							
2021-09-04							
2021-09-05							
2021-09-06						1	.20
2021-09-07	7.65	.0367	.0003	.0003	394.6		
2021-09-08		<b></b>					
2021-09-09 2021-09-10							
2021-09-10							
2021-09-12							
2021-09-13							
2021-09-14							
2021-09-15							
2021-09-16	***************************************	<b></b>					
2021-09-17		<u></u>					
2021-09-18		<b></b>					
2021-09-19 2021-09-20		<b></b>					
2021-09-20		<u> </u>					
2021-09-22							
2021-09-23							
2021-09-24							
2021-09-25							
2021-09-26		<b></b>					
2021-09-27 2021-09-28	7.60	0350	0003	0001	400.0		
2021-09-28	7.62	.0359	.0001	.0001	406.9	1	.20
2021-09-30	7.62	.0359	.0001	.0001	406.9	1	.20
Minimum	7.62	0.0359	1.0E-4	1.0E-4	394.6	1.0	0.2
Maximum	7.65	0.0367	3.0E-4	3.0E-4	406.9	1.0	0.2
Average		0.03617	0.00017	0.00017	402.8	1	0.2
Count	3	3	3	3	3	3	3
Name of Respor					f Responsible		Submission
Official or Autho	. march	ersonally exam		Author	ized Represent	ative	Date/Time
Representati	ar critition	ir with the info					
		ted herein and					
		y of those indiv					
			ble for obtaining	J			Certification
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Page 5

 SUBMISSION ID:
 1089965
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028\*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BookesideDISTRICT:CDOANALYST:Jeffrey williamson

NO DISCHARGE INDICATOR:

			146	DISCHARGE II	NDICATOR.		
PARAMETER	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch.						
SAMPLING TYPE	24hr Total Estimate						
2021-09-01				***************************************			
2021-09-02							
2021-09-03							
2021-09-04		<b></b>	<u> </u>				
2021-09-05		***************************************					
2021-09-06	.216	8	<b></b>				
2021-09-07 2021-09-08			<del>                                     </del>			<b></b>	
2021-09-08			<del>                                     </del>				
2021-09-10				CONTRACTOR			
2021-09-11			<del>                                     </del>				
2021-09-12							
2021-09-13			<u> </u>				
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2021-09-20 2021-09-21	***************************************				***************************************		
2021-09-21			<b> </b>				
2021-09-23			<b> </b>				
2021-09-24			<b>-</b>				
2021-09-25							
2021-09-26							
2021-09-27							
2021-09-28	.216						
2021-09-29	***************************************	***************************************		***************************************		***************************************	
2021-09-30	.216						
Minimum	0.216						
Maximum	0.216						
Average	0.216			***************************************			
Count	3						
Name of Resp Official or Aut Representa	horized have p ntive familia submit	ersonally exam or with the infor oted herein and	rmation based on my	Signature o Author	f Responsible ( ized Represent	Official or ative	Submission Date/Time
Jeffre William	immed the inf submit and co	ormation, I beli ted information mplete. I am av	ble for obtaining leve the i is true, accurate				Certification Version Date 2021-10-
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Page 6

 SUBMISSION ID:
 1089965
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028\*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Erica Huber

NO DISCHARGE INDICATOR:

			140	DISCHARGE II	MDICATON.		
PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rat	e Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1/2 Weeks	1/2 Weeks	1/2 Weeks	1 / 2 Weel	
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Toti Estimate	al Grah
2021-09-01							
2021-09-02							
2021-09-03							
2021-09-04							
2021-09-05							
2021-09-06	.2352	.4267	AA5.0	.1810	.2548		
2021-09-07							
2021-09-08							
2021-09-09						<b></b>	
2021-09-10						<b></b>	
2021-09-11							
2021-09-12							
2021-09-13	.2604	.5160					
2021-09-14							
2021-09-15							
2021-09-16							
2021-09-17 2021-09-18	<b></b>					<b></b>	
2021-09-16						8	
2021-09-19	.2082	.8889	AA5.0	.1349	.1410	8	
2021-09-21	.2002	.0009	AA3.0	.1343	.1410		
2021-09-22							
2021-09-23				***************************************		<b></b>	
2021-09-24							
2021-09-25							
2021-09-26							
2021-09-27	.3018	.7000					
2021-09-28							
2021-09-29							
2021-09-30		nan-anna-anna-anna-anna-anna-anna-anna					
Minimum	0.2082	0.4267	0.0	0.1349	0.141		
Maximum	0.3018	0.8889	0.0	0.181	0.2548		
Average	0.2514	0.6329	0	0.15795	0.1979		
Count	4	4	2	2	2		
Name of Resu	onsible I certif	vunder the ne	nalty of law that	I Signature o	f Responsible	Official or	Submission
Official or Aut	horized have pe	ersonally evam	ined and am	Author	ized Represent	ative	Date/Time
Represent	ative familia	r with the info	rmation				
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	possibi	lity of fine and	imprisonment.			1	

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 SUBMISSION ID:
 1089965
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028\*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Erica Huber

NO DISCHARGE INDICATOR:

luoride, Total (F)
00951
mg/l
1/Year
Grab
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Page 8

 SUBMISSION ID:
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 2134 C.R. 224
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Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Erica Huber

NO DISCHARGE INDICATOR:

			IN	O DISCHARGE I	NDICATOR:		
PARAMETER	Arsenic, Total (As)	Beryllium, Total	Boron, Total	Cobalt, Total (Co)	Iron, Total (Fe)	Manganes Total (Mn	
PARAMETER CODE	01002	01012	01022	01037	01045	01055	01062
UNITS	ug/l	ug/l	ug/l	ug/l	ug/l	ug/l	ug/l
FREQUENCY	1/Year	1/Year	1/Year	1/Year	1/Year	1/Year	1/Year
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-09-01							
2021-09-02							
2021-09-03							
2021-09-04							
2021-09-05							
2021-09-06	7.9400						
2021-09-07							
2021-09-08							
2021-09-09							
2021-09-10	<b></b>		<b>_</b>				
2021-09-11	<b></b>						
2021-09-12							
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2021-09-14							
2021-09-15							
2021-09-16	<b></b>						
2021-09-17	<b> </b>						
2021-09-18							
2021-09-19			<b>-</b>				
2021-09-20 2021-09-21			-				
2021-09-22							
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2021-09-24							
2021-09-25							
2021-09-26			<b>1</b>				
2021-09-27	li						
2021-09-28							
2021-09-29							
2021-09-30							
Minimum	7.94						
Maximum	7.94	***************************************					
Average	7.94						
Count	1	000000000000000000000000000000000000000		***************************************		000000000000000000000000000000000000000	000000000000000000000000000000000000000
	onsible I certify horized have per ative familian	under the peersonally examens with the information and	rmation	I Signature o Author	of Responsible ( rized Represent		Submission Date/Time
Jeffre William	inquiry immedi the info submitt and cor are sign false in	of those indivately responsive that it is a second or mation, I belied information on plete. I am avaificant penalt formation, inc	riduals ible for obtaining ieve the n is true, accurat ware that there ies for submittin	e			Certification Version Date 2021-10- 15 10:10

Page 9

 SUBMISSION ID:
 1089965
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 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028\*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Erica Huber

NO DISCHARGE INDICATOR:

			N	D DISCHARGE	INDICATOR:		
PARAMETER	Nickel, Total Recoverable	Vanadium, Total (V)	Zinc, Total Recoverable	Aluminium, Total (Al)	Cadmium, Total Recoverable	Lead, Tot Recoverab	
PARAMETER CODE	01074	01087	01094	01105	01113	01114	01118
UNITS	ug/l	ug/l	ug/l	ug/l	ug/l	ug/l	ug/l
FREQUENCY	1/Year	1/Year	1/Year	1/Year	1/Year	1/Year	1/Year
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-09-01				***************************************			
2021-09-02							
2021-09-03							
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2021-09-18							
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2021-09-23							
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2021-09-25 2021-09-26							
2021-09-26							
2021-09-28							
2021-09-29							
2021-09-30	***************************************	***************************************		***************************************			
Minimum			1				
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Average	000000000000000000000000000000000000000	000000000000000000000000000000000000000		***************************************		000000000000000000000000000000000000000	
Count				STATE OF THE STATE			
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 SUBMISSION ID:
 1089965
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028\*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Erica Huber

NO DISCHARGE INDICATOR:

PARAMETER	Copper, Total Recoverable	Lithium, Total (Li)	Selenium, Total (Se)				
PARAMETER CODE	01119	01132	01147				
UNITS	ug/l	ug/l	ug/l				
FREQUENCY	1/Year	1/Year	1/Year				
SAMPLING							
TYPE	Grab	Grab	Grab				
2021-09-01							
2021-09-02							
2021-09-03							
2021-09-04			<b></b>				
2021-09-05		<b></b>	<b></b>			<b> </b>	
2021-09-06		<b></b>	<b></b>			<b> </b>	
2021-09-07	***************************************			***************************************	***************************************		
2021-09-08 2021-09-09	<b></b>	<b>!</b>	<b> </b>			<b> </b>	
2021-09-09			<b></b>			<b></b>	
2021-09-11						<b></b>	
2021-09-12							
2021-09-13						<b>i</b>	
2021-09-14						l	
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2021-09-17		<b>.</b>				<u> </u>	
2021-09-18					***************************************	<b></b>	
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2021-09-21			<b> </b>				
2021-09-22		<u> </u>		······································			
2021-09-23 2021-09-24							
2021-09-25		<u> </u>				<b>-</b>	
2021-09-26		<b> </b>	<b> </b>			<b>i</b>	
2021-09-27		<b></b>	l			<b> </b>	
2021-09-28	***************************************	***************************************		***************************************	***************************************		
2021-09-29							
2021-09-30							
Minimum							
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Average							
Count							
Name of Resp Official or Aut Representa	horized <sub>have p</sub> stive <sub>familia</sub>	fy under the per ersonally exam ar with the infor tted herein and	rmation	Signature o Author	f Responsible ized Represent	Official or ative	Submission Date/Time
Jeffre William	inquir immed the inf submit and co are sig false in	y of those indiv liately responsi- ormation, I beli- ted information mplete. I am aw mificant penalti- nformation, incl	iduals ble for obtaining eve the is true, accurate vare that there es for submitting	,			Certification Version Date 2021-10- 15 10:10

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FACILITY: LOCATION: H2-Oh-Yeah 2134 C.R. 224 PERMIT NUMBER: MONITORING PERIOD: 4MP00028\*AM

2021-09-01 To: 2021-09-30

Ashley, OH 43003

### **PARAMETER COMMENTS:**

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